OFFICE HOURS: 8:00 am – 2:00 pm M – F, EXCEPT HOLIDAYS PHONE: 587-3112 www.stateid.hawaii.gov

#### STATE ID CARD

# REQUIREMENTS AND PROCEDURES (PLEASE READ COMPLETELY AND CAREFULLY)

- 1. COMPLETE APPLICATION ITEMS 1 THROUGH 10.
- 2. AN ORIGINAL SOCIAL SECURITY CARD IS REQUIRED OF ALL ELIGIBLE APPLICANTS.
- 3. PRESENT ALL DOCUMENTS REQUIRED, AS NOTED IN SECTIONS A THROUGH D BELOW.
- 4. <u>ALL DOCUMENTS MUST BE CERTIFIED</u>. ALTERED, DAMAGED, XEROXED OR ILLEGIBLE DOCUMENTS <u>WILL NOT BE ACCEPTED</u>.
- 5. APPLICANTS UNDER 14 YEARS OF AGE OR INCAPACITATED PARENT/GUARDIAN SIGNATURE REQUIRED. \*\*IF APPLICABLE, PROOF OF GUARDIANSHIP REQUIRED.
- 6. NAMES MUST BE SPELLED THE SAME ON THE DOCUMENTS.
- 7. <u>NO ALIAS NAMES</u> WILL BE ALLOWED.
- 8. FEE: \$15.00 IN CASH OR \$10.00 IN CASH FOR THOSE AGES 65 AND OVER.

#### SECTION A. UNITED STATES CITIZEN

- 1. ONE OF THE FOLLOWING:
  - A. BIRTH CERTIFICATE (CERTIFIED) ISSUED BY HEALTH DEPT. OF THE STATE WHERE YOU WERE BORN.
  - B. CERTIFICATE FOR CHILD BORN ABROAD TO AMERICAN PARENT(S).
  - C. CERTIFICATE OF CITIZENSHIP OR NATURALIZATION (NEW CITIZEN).
  - D. UNITED STATES PASSPORT VALID, **IF ISSUED IN LEGAL NAME** (COMPLETE SUPPLEMENTAL FORM)
- 2. SEE SECTION D BELOW FOR ADDITIONAL REQUIREMENTS.

#### SECTION B. UNITED STATES NATIONAL

- 1. A. BIRTH CERTIFICATE WITH CERTIFICATE OF IDENTITY.
- 2. B. UNITED STATES PASSPORT VALID
- SEE SECTION D BELOW FOR ADDITIONAL REQUIREMENTS.

#### SECTION C. NON UNITED STATES CITIZEN

- 1. ONE OF THE FOLLOWING: (WITH EMPLOYMENT AUTHORIZATION CARD IF AUTHORIZED TO WORK)
  - A. ALIEN RESIDENT CARD ISSUED BY U.S. IMMIGRATION AND NATURALIZATION OFFICE.
  - B. FOREIGN PASSPORT UNEXPIRED PASSPORT ISSUED BY YOUR COUNTRY WITH VALID VISA/I-94 CARD; FOREIGN STUDENTS ALSO NEED I-20/FORM DS-2019. LETTER FROM INS WITH INTERVIEW DATE FOR FILING FORM I-485.
  - C. I-94 REFUGEE.
- 2. SEE SECTION D BELOW FOR ADDITIONAL REQUIREMENTS.

#### SECTION D. ADDITIONAL SUPPLEMENTARY DOCUMENTS

- 1. MARRIAGE LICENSE/CERTIFICATE ISSUED BY DEPT. OF HEALTH OF STATE WHERE YOU WERE MARRIED. CHURCH AND JUDGE CERTIFICATES WILL NOT BE ACCEPTED. IF MARRIED IN A FOREIGN COUNTRY-ENGLISH TRANSLATION.
- 2. DIVORCE DECREE/RESUMPTION OF FORMER NAME BY COURT.
- 3. DECREE OF LEGAL ADOPTION.
- 4. DECREE OF LEGAL CHANGE OF NAME.
- MARRIAGE ANNULMENT.
- SEX CHANGE CERTIFIED DOCUMENT BY A PARTICIPATING DOCTOR (OR) CERTIFIED AMENDED BIRTH CERTIFICATE.

WE RESERVE THE RIGHT TO REFUSE TO ISSUE AN ID CARD TO ANY PERSON WHO DOES NOT COMPLY WITH THESE REQUIREMENTS.

WARNING! GIVING FALSE INFORMATION IS PUNISHABLE BY A FINE OF \$500 AND/OR 6 MONTHS IN JAIL SENTENCE OR BOTH.

Rev. 6/2005, CVID

### State of Hawaii Department of the Attorney General

# STATE ID CARD APPLICATION

## PLEASE PRINT LEGIBLY SID No: \_\_\_\_\_

1.	SSN:	_ DC	WANT SSN D	T SSN DISPLAYED ON THE CARD?YESNO					
2.	Current Name First			Middle			Last		
	Staff Comment								
3.	Permanent Res. Address(May be required to show proof) (Str						(State/Country)	(Zip)	
	Mailing Address(If different from above)								
4.	Home Phone No		-						
	Marital Status: Single					Divorced		ed	
6.	Age Date of Birth				Place of Bir				
		(Month)	(Day)	(Year)		(City)	(State)	(Country)	
7.	Hair Color Ey	e Color _		]	Height	Weight _	Sex: M	F	
8.	Citizenship Employer/School						Phone No		
9.	In Case of Accident, Death, or	Emergen	cy, Not	ify:					
	Name Relationship						Phone No		
	Address								
	(Str	reet)			(City)		(State/Country)	(Zip)	
10.	Organ Donor: Yes N	lo	_		Adv. H	ealth-Care: Yo	es No		
	knowledge that the information I have 1	MONTH or	JAIL SIn this form	ENTENO n is subje	CE OR BOTH  ct to verification	I (SECTION 84 and consent to the	<b>l6-36 HRS</b> ) e release of any inform	ation required for the	
	fication. Disclosure of SSN is mandate irity Office to release information to th						tity of applicant. I auth	orize the Social	
	Signature		Cor	sent Pare	nt/Guardian of A of age or is ir	applicant who is bel acapacitated	low 14 years	Date	
FOR STAFF USE ONLY									
							L	ast	
	BC							sued ID	
	NAME CHANGE						ID EXP		
	MC/DIV				AR				
	CITZ/NAT								
	Notes								
	Registrar			ree: P	W _		Impersonator: Y	N	

Form 2-74 Rev. 6/05